U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

1. File Number U -

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## FORM LM-30 LABOR CRGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved
Office of Management
and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines or ciril penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Coveted From:

12284	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name William J Marchese II	Name Plumbers & Pipefitters Local #25
	Labor Organization Fila Number OZ5-9/2
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 614 East North Street	Street 4600 46th Ave
City Geneseo	City Rock Island
State Illinois ZIP Code + 4 61254	State Illinois ZIP Code + 4 (20)
5. Position in labor organization. Pipefitter Exam Board	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	N/A
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Wall	On 08/15/2005 (309)945-1819
	Date Telephone Number
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Name of Person Filing William Marchese II	F:le Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the pusiness of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade ramo, if any).	9. Business deals with:	
Name	a. Labor Organizat on	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street		
City State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employers name.  Name	11.a. Nature of such dealing	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest he c or income received.	
State ZIP Code + 4	12.4. Nature of interest tie C of income received.	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment	
Name		
Trade Name, if any:		

14.b. Amount of payment.

Street

City

State

P.O. Box, Bldg., Room No., if any

13.b Is the Business an Employer

ZIP Code + 4

or Consultant

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